

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09779912</i>	FILING DATE <i>2-9-01</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29	15					
30	1					
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39	1					
40	1					
41	1					
42	1					
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		1						
52		1						
53		1						
54		1						
55		1						
56		1						
57		1						
58		15						
59	1							
60		1						
61		1						
62								
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94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	9							
TOTAL DEP.	80							
TOTAL CLAIMS	89							